

## CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. CIR./DIST./DIV. CODE TXW		2. PERSON REPRESENTED DEESSE, CHARLES E.		VOUCHER NUMBER <b>2013004474</b>			
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 5:01-000495-002		5. APPEALS DKT./DEF. NUMBER			
7. IN CASE/MATTER OF (Case Name) US v. DEESSE		8. PAYMENT CATEGORY Other		9. TYPE PERSON REPRESENTED Adult Defendant			
				10. REPRESENTATION TYPE (See Instructions) Supervised Release			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.							
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS STENBERG, JOE 722 E. Euclid Avenue San Antonio TX 78212  Telephone Number: <u>210-226-5818</u>			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) Signature of Presiding Judicial Officer: <i>[Signature]</i> _____ Date of Order: <u>11/21/2013</u> Nunc Pro Tunc Date: _____ Repayment or partial repayment offered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO				
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)							
CLAIM FOR SERVICES AND EXPENSES							
CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	15. a. Arraignment and/or Plea						
	b. Bail and Detention Hearings						
	c. Motion Hearings						
	d. Trial						
	e. Sentencing Hearings						
	f. Revocation Hearings						
	g. Appeals Court						
	h. Other (Specify on additional sheets)						
(Rate per hour = \$ )		TOTALS:					
Out of Court	16. a. Interviews and Conferences						
	b. Obtaining and reviewing records						
	c. Legal research and brief writing						
	d. Travel time						
	e. Investigative and Other work (Specify on additional sheets)						
(Rate per hour = \$ )		TOTALS:					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)							
18. Other Expenses (other than expert, transcripts, etc.)							
GRAND TOTALS (CLAIMED AND ADJUSTED)							
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION			
APPROVED FOR PAYMENT - COURT USE ONLY							
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT			
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE			
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED			
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE			